

OFFICIAL SPECIAL OLYMPICS RELEASE FORM

TO BE COMPLETED BY PARENT, GUARDIAN, OR ADULT ATHLETE

Local Program _____

I represent and warrant that to the best of my knowledge and belief, _____

_____ is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the Application for Participation, and has certified, based on an independent medical examination, that there is no medical evidence which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlanto-Axial Instability. I am aware that the sports and events for which this radiological examination is required are equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics on my behalf, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I, the undersigned, am parent, guardian, athlete (own guardian), of the below specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation thereof by said person.

I hereby give my permission for _____ to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian/Athlete (over 18—own guardian)

Date

ATHLETE VOLUNTEER SCREENING INFORMATION

Please check yes or no

- | | |
|---|---------------------|
| 1. Do you use illegal drugs? | *yes _____ no _____ |
| 2. Have you ever been convicted of a criminal offense? | *yes _____ no _____ |
| 3. Have you ever been charged with neglect, abuse or assault? | *yes _____ no _____ |
| 4. Has your driver's license ever been suspended or revoked in any state? | *yes _____ no _____ |

* You may be asked to provide a written explanation for questions answered "yes".

CENSUS UPDATE FORM

Please indicate all sports in which this athlete has trained and competed within the past 12 months.

<u>Aquatics</u> <input type="checkbox"/>	<u>Bowling</u>	<u>Golf</u>	<u>Softball</u>	<u>Winter Sports:</u>
<u>Athletics</u> <input type="checkbox"/>	Ramp <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	Team <input type="checkbox"/>	<u>Alpine Skiing</u> <input type="checkbox"/>
<u>Basketball</u>	Singles <input type="checkbox"/>	9 hole Ind. <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	<u>Figure Skating</u> <input type="checkbox"/>
5 on 5 <input type="checkbox"/>	Doubles <input type="checkbox"/>	Alt shot <input type="checkbox"/>	<u>Tennis</u> <input type="checkbox"/>	<u>Speed Skating</u> <input type="checkbox"/>
3 on 3 <input type="checkbox"/>	Team <input type="checkbox"/>		<u>Volleyball</u>	Other Sports: _____
Ind. Skills <input type="checkbox"/>	<u>Cycling</u> <input type="checkbox"/>	18 hole Ind. <input type="checkbox"/>	Team <input type="checkbox"/>	Has s/he competed in Unified
<u>Bocce</u>	<u>Equestrian</u> <input type="checkbox"/>	<u>Gymnastics</u> <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>	Sports competitions? Yes No
Singles <input type="checkbox"/>	<u>Soccer</u>	<u>Powerlifting</u> <input type="checkbox"/>	<u>MATP</u> <input type="checkbox"/>	If yes, which sports? _____
Doubles <input type="checkbox"/>	Team <input type="checkbox"/>	<u>Rollerskating</u> <input type="checkbox"/>		
Team <input type="checkbox"/>	Ind. Skills <input type="checkbox"/>			

Does this person only participate in Special Olympics Training? Yes No

Is this person a Unified Sports Partner? Yes No If yes, please indicate sports: _____

Does this person participate in Special Olympics Athlete Leadership Programs (ALPs) only? Yes No